

Kentucky e-Health Network Board

March 5, 2008

DRAFT Minutes

Meeting No. 22

Capitol Annex – Room 129

3:00 pm – 4:30 pm

Board Members in Attendance:

Dr. Larry Cook, Co-Chair – University of Louisville
Dr. Carol Steltenkamp, Co-Chair - University of Kentucky
Dr. Ford Brewer – Toyota Motor Manufacturing
Dr. David Bensema – Kentucky Medical Association
Ron Carson – Proxy for Brad Cowgill, Kentucky Council on Postsecondary Education
Deborah Clayton – Commissioner, Kentucky Department of Commercialization & Innovation
Dr. William Hacker - Commissioner, Kentucky Department of Public Health
John Burkholder – Acting Executive Director, Kentucky Department of Insurance
Betsy Johnson – Commissioner, Kentucky Department of Medicaid Services
Bruce Klockars – Flaget Memorial Hospital
Steve Dooley – Interim Commissioner, Commonwealth Office of Technology
Dr. Kimberly Williams - St. Claire Regional Medical Center

Others Present:

Donna Chapman, Representing Kentucky Department of Medicaid Services
Steve Nunn, Deputy Secretary, Cabinet for Health & Family Services

Absent:

Barbara Haunz Asher - AstraZeneca
Janie Miller – Secretary, Cabinet for Health and Family Services
Murray Clark – Kentucky Hospital Association
Representative Bob DeWeese
Janna Meek – Proxy for Jack Lord, MD – Humana, Inc.
Senator Dick Roeding
Representative Tommy Thompson

Staff:

Barbara Baker, Policy Advisor
Eric Duncan, Policy Advisor
Lorna Jones, CHFS CIO
Laura Cole, Project Manager
April Smith, Project Manager
Donna Venno, Adm. Assistant

The meeting was called to order by Dr. Larry Cook, Co-Chair.

Welcome and Introductions

Board members and staff introduced themselves. Dr. Hacker shared with the Board a meeting he attended with other health officers from New York, Vermont, Rhode Island, Michigan, Indiana and Utah to discuss the National Governors Association's (NGA) attempts to ensure public health's involvement at the state level with health exchanges, e-health and

general informatics. Dr. Hacker also co-chaired the NGA's Health Information Protection Taskforce where guidelines were developed and presented to the State Alliance for e-Health. He also attended HIMSS conference and co-chaired a group of public health organizations to obtain a consistent public health message for informatics to be available as a consultant and a single contact for NGA for public health.

Dr. Cook stated that he and Dr. Steltenkamp have been working with Lt. Governor Mongiardo to mobilize the Kentucky e-Health Infrastructure Authority. Both UK and UofL will play a major role providing data and research to underpin the efforts of this Board. Dr. Cook convened faculty members from various colleges and Dr. Steltenkamp is in the process of pulling a similar group together at UK. Once those groups are composed, the Kentucky e-Health Infrastructure Authority will convene on a regular basis to identify issues of relevance to the e-health initiative and will help identify best practices outside the Commonwealth.

Review and Approval of February Board Minutes

Dr. Hacker moved to approve the February board minutes; Deborah Clayton seconded the motion. Motion carried.

3rd Annual e-Health Summit Update

Laura Cole updated the Board on Summit logistics. Staff is recommending that the Summit take place in Louisville on April 16 & 17, 2009 at the Seelbach Hilton. Larry Cook moved to approve the recommended dates and location; Deborah Clayton seconded the motion. Motion carried.

Update on e-Health Efforts

Lt. Governor Mongiardo presented on activities that the Administration is involved with to support the Board in developing an e-health network. He discussed the Kentucky e-Health Infrastructure Authority, made up of expertise from UK and UofL, who will become the research arm for e-health. Meetings have begun with the universities to discuss ideas and theories on how to redesign health care and identify a governance model to obtain trust around the design. Dr. Williams asked Lt. Governor Mongiardo for clarification on his previous statement made regarding the Board being "off track." Lt. Governor Mongiardo stated that the e-Health Board should be the decision makers and should be directing the staff and administration not the other way around. Dr. Cook stated there are some reoccurring absentees of Board members. Organizations represented on the Board should be encouraged to have their appointee present at the Board meetings.

2008 Work Plan

The draft plan was distributed to Board members for review. Any revisions should be forwarded to staff.

Committee Reports

The Health IT Adoption Committee met in February. Dr. Williams, co-chair of the Committee, reported that the Committee discussed ways to bring more interest to the 2009 Summit by bringing in more vendors. The Statewide Health IT Assessment and the Medical Trading Area Analyses are currently being conducted by the universities. In addition, the Committee will begin to determine activities to be incorporated into the Action Plan. One suggestion was that Medicaid should be contacted to determine benefits such as patient safety, patient quality and savings to the system from physicians who were implementing and using electronic medical records. The next meeting is scheduled for March 27.

Project Updates

Statewide e-Health Inventory and Needs Assessment

Carol Ireson and Martha Riddle presented a status of the project whereby a baseline assessment will be developed which will identify health information exchanges, use and capacity of electronic medical records, and the solicitation of feedback about needs and priorities. An assessment plan has been developed to include surveys and stakeholder interviews. This will be the first statewide assessment in the nation of all healthcare providers to include physicians, hospitals, nursing homes, home health agencies, health departments, long-term health agencies, and mental health providers. Electronic surveys will be sent out by associations; 5,500 license physicians will be sent a mail survey. Physician surveys will go out next week with two follow-up letters. Electronic surveys will go out in March and April. Statistical reports and GIS mapping will be produced. Data will be gathered in March and April, analyses conducted in May, and a final report in June. Staff researched other state surveys, specifically the Massachusetts survey, which identified response rates, electronic medical record usage within practice settings, and email usage with patients. This survey did not include regional health information organizations and health information exchanges.

Greater Louisville e-Health Survey 2007

Judah Thornewill presented an overview of the findings from the Greater Louisville e-Health Survey 2007. This research was funded by the Louisville Health Information Exchange (LouHIE) and additional funding and sponsorship was provided through the State to incorporate state perspectives. The research was led by Noblis and was done collaboratively between the University of Louisville, Louisville Health Information Exchange and Noblis.

The overall objective was to gain a level of understanding about consumers and organizations' wants, needs, interests and perceived benefits and level of interest to participate with a community-wide health record bank in the Louisville area. The research was conducted in August and September 2007. The methods of gathering data were survey questionnaires, telephone research campaigns in the Louisville Metro including Southern Indiana, and 26 focus groups with stakeholders and 3 consumer groups. Research concluded that 59% of consumers would use a health record bank service and 24% would pay for using this service with an average payment of \$7.72 per month. Groups more likely to pay were moms with children and people dealing with chronic illness and disabilities. Consumers trust themselves and their doctors with their health information and have a low degree of trust in health plans, employers and others. In focus groups, consumers did not trust for-profit companies like Microsoft and Google or the federal government. Public health was not seen as government and had a high trust factor. Consumers saw the most trust in an organization that was community based as a non-profit provided that it had a solid financial base. Privacy and information exchange was of very high concern to seniors, unions and others. Trust was a common theme of every group. On the consumer side the concern was misuse of private data, and on the organizational side the concern was the hospital or insurance company's liability if and when that data is misused or someone comes to harm and there is class action lawsuit. Providers such as hospitals said they need a ubiquitous solution for connectivity. Medications were a top concern and were seen as an opportunity for everybody. State-specific questions were included. Sixty-seven (67) percent of consumers stated that it was important for physicians to have electronic access anywhere in the state. E-Health benefits include improving quality and preventing medical errors and safety.

The most valuable feature would include access to electronic medical history by physicians. Key recommendations from this research includes: (1) the need for a trusted community health information exchange/health record bank; (2) the State should provide the infrastructure and make Medicaid data available to regional groups; (3) non-profit funding should be obtained from donations, contributions, sponsorships and grants; and (4) the focus should be on medications and medication summaries. The public needs to be educated in order to have a better understanding of electronic medical records and health information exchanges. Some are not aware that health data is not available to doctors in the emergency room, and many consumers actually think this is currently in place at physicians' offices.

Innovations and Best Practices

Health Information Management Systems Society Annual Conference (HIMSS)

Dr. Steltenkamp attended the US conference in Orlando, Florida last week. She met with vendors on specifics related to e-health initiatives in Kentucky. All of the states are dealing with the lack of funding. Dr. Williams and the St. Claire Regional Medical Center's Chief Information Officer also attended the HIMSS conference. She reiterated that funding was a significant barrier and that funding sources for low-interest loans outside of capital projects would need to be identified in order to move forward with enterprise projects.

Miriam Paramore who currently serves on the HIMSS National Board of Directors updated the Board on an educational event that is scheduled for March 20 which will bring state advocacy to Kentucky to help with the mission of e-health and what health information technology can do for Kentucky's industry. More information can be obtained at <http://bluegrasshimss.org>.

Kentucky Medical Association's Position Statement on e-Health

Patrick Padgett, Executive Vice President of KMA, presented their position statement on e-health. As part of the workforce plan to address the physician workforce shortage, KMA supports e-health because it has the potential to save money, improve quality of care in Kentucky, and streamline the current morass of administrative work currently dominating today's healthcare system. KMA currently has representation on the Board, through Dr. David Bensema and Dr. Kimberly Williams, who provide excellent physician's perspective on e-health.

There are five areas of e-health that concern the members of KMA. These include: (1) patient privacy and the need to update patients on health data exchange efforts; (2) priorities within e-health for the electronic exchange or storage of patient health information and the need to simplify the administrative side of practicing medicine; (3) barriers to e-health adoption which includes cost as the principle factor, fear of something new, significant disruption in a practice, and the inability to type; (4) inability of systems to transfer data from one system to another and the promise to physicians that e-health adoption solves this issue; and (5) mandated e-health implementations by physicians or system usage or access costs.

Kentucky River Community Care Association – Behavioral Health Pilot Project

David Mathews reported on the Kentucky Rural Behavioral Health Pilot Project which received \$3.3M from the Federal Communications Commission. The Kentucky River Community Care Association (KRCC) will become a model site for rural behavioral health care. This project will consist of connecting with other behavioral health care providers throughout the state. The funding from the Federal Communications Commission for the

first year will be used to analyze the network requirements and for system design. The KRCC is requesting assistance in building this network and looking for partners to help assist with the design study. The KRCC is looking to link behavioral health providers, major hospitals and state mental hospitals into this network. They would like to have an official liaison with the e-health Board. Dr. Williams suggested that the KRCC might want to partner with the Kentucky Telehealth Network on this pilot project in order to leverage the existing network.

Electronic Health Record Demonstration Project

Discussion of this project will be tabled for the April Board meeting. Information and the website link will be sent to Board members. The deadline is May 13th for these demonstration projects.

Board Meeting

The next meeting of the Board has been scheduled for April 2, 3:00 – 4:30 PM at the Capitol Annex, Room 129.

Submitted by Donna Veno
March 10, 2008